

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission								3. Service				4. Employing Office Location				5. Duty Station				1. Agency Position No. S000067			
<input type="checkbox"/> Redescription <input type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input checked="" type="checkbox"/> Other Explanation (Show any positions replaced) Standard Position Description								7. Fair Labor Standards Act				8. Financial Statements Required				6. OPM Certification No.							
								<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt				<input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest				9. Subject to IA Action							
								10. Position Status				11. Position Is				12. Sensitivity				13. Competitive Level Code			
								<input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)				<input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither				<input type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive				14. Agency Use			
15. Classified/Graded by		Official Title of Position						Pay Plan		Occupational Code		Grade		Initials		Date							
a. Office of Personnel Management																							
b. Department, Agency or Establishment																							
c. Second Level Review																							
d. First Level Review		Biological Science Tech (Fisheries)						GS		404		7											
e. Recommended by Supervisor or Initiating Office																							
16. Organizational Title of Position (if different from official title)								17. Name of Employee (if vacant, specify)															
18. Department, Agency, or Establishment								c. Third Subdivision															
a. First Subdivision								d. Fourth Subdivision															
Same																							
b. Second Subdivision								e. Fifth Subdivision															
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.								Signature of Employee (optional)															
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that								this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.															
a. Typed Name and Title of Immediate Supervisor								b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)															
Signature _____								Signature _____															
Date _____								Date _____															
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.								22. Position Classification Standards Used in Classifying/Grading Position															
Typed Name and Title of Official Taking Action								U.S. OPM GS-404, TS-111, 12/91															
Signature _____								Date _____															
								Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.															
23. Position Review		Initials		Date		Initials		Date		Initials		Date		Initials		Date							
a. Employee (optional)																							
b. Supervisor																							
c. Classifier																							
24. Remarks																							
FPL-GS-7																							
Approved for Servicewide Use <i>Neal Aug 4-28-03</i>																							
25. Description of Major Duties and Responsibilities (See Attached)																							